



## AMENDMENT TRANSMITTAL LETTER

Docket No.  
ION-0218

Application No.  
10/717,586-Conf. #9398

Filing Date  
November 21, 2003

Examiner  
D. J. Buttner

Art Unit  
1712

Applicant(s): Hiroyuki Okuhira et al.

Invention: CURING COMPONENT AND CURABLE RESIN COMPOSITION CONTAINING THE  
CURING COMPONENT

### TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	14	- 20 =		x	
Independent Claims	2	- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Request for Continued Examination					790.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					790.00

Large Entity

Small Entity

No additional fee is required for this amendment.

Please charge Deposit Account No. 18-0013 in the amount of \$ 790.00  
A duplicate copy of this sheet is enclosed.

A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge and credit Deposit Account No. 18-0013  
as described below. A duplicate copy of this sheet is enclosed.

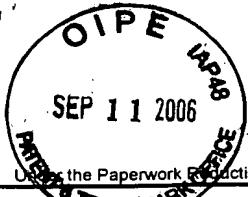
Credit any overpayment.

Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Dated: September 11, 2006

David T. Nikaido/Lee Cheng  
Attorney/Agent Reg. No.: 22,663/40,949

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TRADEMARK  
Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 790.00)

### Complete if Known

Application Number	10/717,586-Conf. #9398
Filing Date	November 21, 2003
First Named Inventor	Hiroyuki Okuhira
Examiner Name	D. J. Buttner
Art Unit	1712
Attorney Docket No.	ION-0218

### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_  
 Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 (including Reissues)

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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Fee (\$): 50      Fee (\$): 25

Each independent claim over 3 (including Reissues)

Fee (\$): 200      Fee (\$): 100

Multiple dependent claims

Fee (\$): 360      Fee (\$): 180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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14 - 20 = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

##### Multiple Dependent Claims

<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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2 - 3 = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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- 100 = \_\_\_\_\_ /50 (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

Fees Paid (\$)

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...)

790.00

### SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	22,663/ 40,949	Telephone	(202) 955-3750
Name (Print/Type)	David T. Nikaido/Lee Cheng			Date	September 11, 2006